]								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD													
Effective October 1, 2003									10729668				
CLAIMS AS FILED - PART ((Column 1) (Column 2)								SMALL!	ENTITY	OR	OTHE! SMALL		
ľ	OTAL CLAIMS	S 	101				1	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
Ţ	OTAL CHARGE	/0 / _minus 20=		· E1			X\$ 9=		ОЯ	XS18=	1858	·Ð	
IN	DEPENDENT (CLAIMS	6	inus 3 =	3			X43=		OR	X86=	258	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=			+290=	20	-0
• 1	*If the difference in column 1 is less than zero, enter "0" in column 2								-	OR OR	TOTAL	2086	
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	Toy	OTHER		ľ
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	•
	Total	. 101	Minus	-10	7		ı	X\$ 9=-		OR	X\$18=		!
	Independent	1. 6	Minus	<u>. </u>	2	<u> -</u>	Ī	X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
1 1 -								TOTAL	•		TOTAL		
ı	3/21/05 (Column 1) (Column 2) (Column 3)							DOIT. FEE	<u> </u>		ADDIT. FEE	<u> </u>	
AMENOMENT B		CLAIMS		HIGHE	ST		Г	·	ADDI-	1 [<u> </u>	ADDI-	
		REMAINING AFTER AMENOMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	• 98	Minus	10	[/_	=	1	X\$ 9=		OR	X\$18=		
	Independent	• 4	Minus	4			Γ	X43≖		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						T	+145=		OR	+290=		
								TOTAL		L	TOTAL		
		AI	DOIT. FEE		, _A	ODIT. FEE		į					
	`	(Column 1) CLAIMS		(Colum	ST	(Column 3)	_		4001			450	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		8	Γ	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		e	r	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR A	TOTAL DOIT, FEE		
		ber Previously Paid					ound	l in the ap	propriate bo	c in colu	mn I.	İ	

FORM PTO-875 (Rev 10/03)

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